Name In Full — Allen

Certificate of Death

Died at Town Back river County Balto. MARYLAND

Date 189 9 Month 4 Day 4 | Age Y. 5 M. D. | Native of | Occupation

Male ~~Female~~ White Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children~~ living

Husband of Wife

Father's Name Wm. Allen

Mother's Name 146a

Cause of Death: Primary Burned to death | How long sick

Immediate | Accident, ~~Suicide, Homicide~~

Reported by Union 4-8

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full — Certificate of Death

Mrs Ruth Ann Anderson

Died at Town: Texas — County: Balto County — MARYLAND

Date 189 9 — Month: April — Day: 16 — Age: Y. 73 M. 6 D. 21 — Native of: Maryland — Occupation: Housewife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — ~~Widow~~ widow / ~~Widower~~ — ~~Divorced~~ — Number of children living: 6

~~Husband~~ / Wife of: Geo Lucas Anderson

Father's Name: Vincent Dawson — Mother's Name: Charlotte Dawson

Cause of Death — Primary: Bronchio Pneumonia 71 — How long sick: 13 days

Immediate: General failure & Debt — ~~Accident~~, Suicide, ~~Homicide~~

Reported by: Dr B R Benson

Address: Cockeysville — Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full | Certificate of Death

James Baily

Died at Mt. Washington (Town) Baltic (County) MARYLAND

Date 1899 Month April Day 10 | Age Y. 77 M. D. | Native of Ireland | Occupation Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of James Baily

Father's Name | Mother's Name 141

Cause of Death: Primary Old age and | How long sick 1 month

Immediate general Debility | Accident, Suicide, Homicide

Reported by Dr. J. C. Bowen

Address Mt. Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full

Certificate of Death

Town

County

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189		Age				

~~Male~~ / Female

White / ~~Colored~~

Married / Single / Widow / ~~Widower~~

Divorced

Number of children living

Husband of
Wife

Father's Name

Mother's Name

46

Cause of Death — Primary

How long sick

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Joshua H. Barshinger

Died at Town Ragville County Balto Md. MARYLAND

Date 1899 Month 4 Day 12 Age Y. 32 M. 1 D. 1 Native of U. S. Occupation farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widowes~~ ~~Divorced~~ Number of children living 2

Husband ~~Wife~~ of Emma V. Barshinger

Father's Name John

Mother's Name adaline

Cause of Death Primary Chronic Articular Rheumatism

Immediate Acute Capillary Bronchitis

How long sick one year

Accident, Suicide, Homicide

Reported by E. W. Heyde M.D.

Address Parkton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Osborn S. Bates

Certificate of Death

Died at Town Govanstown County Baltimore MARYLAND

Date 189 9 Month 4 Day 16 Age Y. 2 M. 18 D. Native of Occupation

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Mother's Name 72

Cause of Death Primary Pneumonia How long sick 6 days

Immediate Accident, Suicide, Homicide

Reported by L. John Barron

Address Govanstown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

...ntion of Physicians is Respectfully Invited to the Remark... ...s on back...

HEALTH DEPARTMENT, CITY OF BALTIMORE.

...nt No. A 4971 **Office of Registrar of Vital Statistics.** Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 4 - 18 99

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Jacob Bauer

Sex, Male or Female, (Cross out the words not required in this line.)

Age, 70 *Years,* ..... *Months,* ..... *Days.*

Color, White

Married, Single, Widow or Widower, (Cross out the words not required in this line.)

Occupation, Laborer

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Germany (U.S. 48 years)

Duration of Residence in the City of Baltimore, 48 years -

Place of Death, (Give Street and Number.) Bay View Asylum

Cause of Death, First (Primary) Chronic Interstitial Nephritis
Second (Immediate) Uremia -

Duration of Last Sickness, — — —

All the above information should be furnished by the Physician.

Place of Burial, National Cemetery

Date of Burial, April 28/99 Lee Cohen *M. D.,*
Medical Attendant.

Undertaker, John E. Haughn

Place of Business, 1422 Pennsylvania Avenue *Address* B.V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

To Morgan 4/19

Requested in Relation to the Ca...
Enumerated Below.

...NEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full: Olive Baxter

Certificate of Death

Died at: Town: Loraly County: Baltimore MARYLAND

Date 1899 Month: Apl Day: 4 Age Y. 5 M. D. Native of: Balto Co ~~Occupation~~

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ Widower ~~Number of children living~~

~~Husband of~~ ~~Wife~~

Father's Name: Taylor Baxter Mother's Name: Alice Baxter

Cause of Death: Primary 39a How long sick 7 Weeks

Immediate Spinal Meningitis ~~Accident, Suicide, Homicide~~

Reported by: Fred'k Schutz Undertaker

Address: Upper Falls Balto Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. J. N. Gorsuch

of Fork, Balto Co.

Seen by Coroner _____

of _____

Information contained in this certific[illegible]

ceived from _____

of _____

Name in Full

Certificate of Death

Frank Bealle Col

Town

County

Died at Baltimore MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 1899 4	21	Age		9	Md	—

Male ~~White~~ ~~Married~~ ~~Widow~~ Divorced

~~Female~~ Colored Single ~~Widower~~ Number of children living

Husband / Wife of —

Father's Name Joseph Bealle

Mother's Name Laura Brown

Cause of Death — Primary: Convulsions 49 — How long sick: 2 days

Immediate

Accident, ~~Suicide~~, ~~Homicide~~

Reported by T B Hall M.D.

Address Mt Winans

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU FORM

Name In Full Thos. E. H. Bishop

Certificate of Death

Died at Town Harford Road County Baltimore MARYLAND

Date 189 9 Month 4-30 Day Age 50 Y. M. D. Native of Balto. Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced

Number of children living

Husband ~~Wife~~ of Laura E. Pied

Father's Name

Mother's Name 97

Cause of Death: Primary Bright's disease — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Dem. Town

Address May 6th

Must be signed by physicien, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU. 79888

Name In Full

Certificate of Death

Town

County

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189		Age				

Male / ~~Female~~

White / Colored

Married / Single

Widow / Widower

Divorced

Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary

Immediate

How long sick

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70[illegible]

Name in Full

Certificate of Death

Carrie Bohm

Died at Town County Alms House MARYLAND

Date 1897 Month 4 Day 11 | Age Y. 25 M. D. | Native of | Occupation

~~Male~~ ~~White~~ Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary / Immediate } Heart Disease

How long sick

Accident, Suicide, Homicide

Reported by S. C. Bussell

Address Lexas Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name In Full James Emerson Bradley

Certificate of Death

Died at Town Mt. Vernon County Baltimore MARYLAND

Date 189 Month 4 Day 6 | Age Y. 71 M. D. 6 | Native of | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | Widow / ~~Widower~~ | Divorced / ~~Number of children living~~

Husband of

Wife

Father's Name

Mother's Name / 71

Cause of Death: Primary Bronchio-pneumonia — How long sick

Immediate — Accident, Suicide, Homicide

Reported by L. N. Williams

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79818

Name in Full | Certificate of Death

James Emerson Bradley

Died at Town: St Denis County: Baltimore MARYLAND

Date 1899 Month: April Day: 6th | Age Y. M. D.: 1 6 | Native of | Occupation

Mele ~~Female~~ | White ~~Colored~~ | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name: James Bradley | Mother's Name: Kate Bradley OVER

Ceuse of Death: Primary: Brocho pneumonia | How long sick: 4 da

Immediate | Accident, Suicide, Homicide

Reported by: Arthur Williams M.D.

Address: Elk Ridge Howard Co OVER

Chas. A. R. Earp undertaker

Must be signed by physicien, if any in ettendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 72[illegible]

Attended by Dr. Arthur Williams

of Elk Ridge

Seen by Coroner _____

of _____

Information contained in this certificate received from Arthur Williams

of Elk Ridge

Name in Full

Certificate of Death

Baby Britton.

Died at Town: Lansdowne. County: Baltimore MARYLAND

Date 189 9 Month: April Day: 27 | Age: ~~Y.~~ ~~M.~~ D. 1 | Native of: Md | Occupation: Infant.

~~Male~~ / ~~Female~~ | ~~White~~ / ~~Colored~~ | ~~Married~~ / Single / ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | ~~Number of children living~~

~~Husband~~ / ~~Wife~~ of

Father's Name: William J. Britton - Mother's Name: Maggie Britton -

Cause of Death: Primary: Failure to close of Foramen Ovale. How long sick: 1 day

Immediate: Asphyxia. 137

~~Accident Suicide, Homicide~~

Reported by Frank H. Penkl.

Address Lansdowne. Balt. Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

cial Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Permit No. A 4960 **Office of Registrar of Vital Statistics.** Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 4-23-99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Harry Brooks

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 39 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore ✓

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Bay View Asylum

Cause of Death, First (Primary) Phthisis Pulmonalis

Second (Immediate) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hos for Anatomical purposes

Date of Burial, April 24-1899

Lee Cohen *M. D.,*

Medical Attendant.

Undertaker, E. M. Stevenson

Place of Business, Health office

Address Bay View Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...mation is Requested in Relation to the Causes of Dea... Enumerated Below.

...NEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full — Certificate of Death

Jennie Brown

Died at Town Randallstown County Balto MARYLAND

Date 189 9 Month 4 Day 24 | Age Y. 5 M. 4 D. | Native of | Occupation

~~Male~~ Female | White Colored | Married ~~Single~~ | Widow Widower | Divorced | Number of children living

~~Husband~~ Wife of Wm. F. L. Brown

Father's Name | Mother's Name

Cause of Death — Primary: 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Balto. Co. Union 4-1

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 7989R

Name in Full — Certificate of Death

Child of John & Bessie Campbell

Died at — Town: Pikesville — County: Baltimore — MARYLAND

Date 1899 — Month: 5 — Day: 30 — Age: Y. M. D. One hour — Native of: Md — Occupation:

Male — ~~White~~ — ~~Married~~ — ~~Widow~~ — ~~Divorced~~

~~Female~~ — Colored — Single — ~~Widower~~ — ~~Number of children living~~

Husband / Wife of ~~John Campbell~~

138a

Father's Name: John Campbell — Mother's Name: Bessie Campbell

Cause of Death — Primary: No cause assigned — How long sick

Immediate: lived only one hour — Accident, Suicide, Homicide

Reported by: H Louis Naylor Md

Address: Pikesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate
ceived from _____

of _____

Name in Full Jacob Carroll

Certificate of Death

Died at Town Warren County Balto. MARYLAND

Date 1899 Month 4 Day 9 | Age Y. 50 M. D. | Native of | Occupation

Male ~~Female~~ White Colored Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 5

Husband of Wife

Father's Name

Mother's Name 25 b

Cause of Death: Primary Cancer of stomach

Immediate

How long sick

Accident, Suicide, Homicide

Reported by Md. Journal 4-15

Address

Must be signed by physician, if any in attendance, otherwise by coroner, underteker or minister.

LIBRARY BUREAU, 79[illegible]

No. 1234.]

No. A 4958

Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

Health Department, City of Baltimore,

Permit No. A 4958 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 23, 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Ernestin Castiglione

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, Thirty one (31) *Years,* *Months,* *Days.*

Color, White

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Druggist

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, Fourteen (14) years.

Place of Death, {Give Street and Number.} St Agnes' Hospital

Cause of Death, First (Primary), Pulmonary Tuberculosis.

Second (Immediate), Asthenia

Duration of Last Sickness, About Ten (10) months.

All the above information should be furnished by the Physician.

Place of Burial, St Mary's. Govanstown

Date of Burial, Apr 25th.

Undertaker, John H. Cook.

Place of Business, Balto & Strickland St.

D. F. O'Connor, M.D., Medical Attendant.

Address, St Agnes' Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

n Relation to the Causes of I

Enu... Below.

...URISM—Mode of Death.

...ER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

No. **A.**

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department, City of Baltimore.

Permit No. **A** 4965 Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 3rd 1899

Full Name of Deceased, {Write legibly with ink and spell correctly. If an infant not named, give names of parents.} Earle K Chronister

Sex, Male or Female, {Cross out the words not required in this line.} .....

Age, 1 *Years,* 4 *Months,* 29 *Days.*

Color, white

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birthplace, {State or county, and how long in the United States, if of foreign birth.} Brooklyn Md

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} Brooklyn Md

Cause of Death, First (Primary), Pneumonia

Second (Immediate), ...

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Sykesville Md

Date of Burial, April 26th

Undertaker, Armstrong Denny & Co

Place of Business, 715 Light St *Address* Brooklyn Md

Chas A. Brooke M.D.,
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death. [OVER.]

Wm. J. C. Dulany Co., City Printers and Stationers.

The Following Additional Information is Requested in Relation to the Causes of Death Enumerated Below:

ANEURISM—Mode of Death.
CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.
CHILDBIRTH — Circumstances producing Death.
CANCER—Variety and Seat.
CALCULUS—Mode of Death.
DENTITION—Mode of Death.
DISEASE OF HEART—Variety. Valves involved.
DROPSY—Variety and Cause.
ENTERITIS AND GASTRO ENTERITIS—Cause, whether Diarrhœal or not.
ERYSIPELAS—Seat and Cause.
FRACTURES—Cause and Mode of Death.
GANGRENE—Seat and Cause.
GASTRITIS—Cause.
HERNIA—Variety and Mode of Death.
INSANITY—Variety and Mode of Death.
JAUNDICE—Cause and Mode of Death.
MANIA, ACUTE—Cause and Mode of Death.
MISCARRIAGE—Cause and Mode of Death.
MALIGNANT PUSTULE—Location and Cause.
MALFORMATION—Variety.
METRITIS—Variety and Cause.
NECROSIS—Seat. Cause and Mode of Death.
OVARIAN TUMOR—Mode of Death.
PARALYSIS—Variety and Cause.
PERITONITIS—Cause.
PHLEBITIS—Cause.
PYÆMIA—Cause. Nature of Injury, if any.
PREMATURE BIRTH—Cause. Fœtal age.
PRETERNATURAL BIRTH—Manner of.
SYPHILIS—Variety. Chief Location and Mode of Death.
TETANUS—Nature of Injury, if any.
ULCER—Nature, Chief Location and Mode of Death.
WOUNDS—Cause, Variety, Seat and Mode of Death.
ABSCESS—Cause, Location and Mode of Death.
Specify every Surgical Operation with fatal result.
Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,
Commissioner of Health and Registrar.

REMARKS.

Name In Full Lizzie Clayton

Certificate of Death

Town County Baltimore

Died at MARYLAND

Date 189 9 Month 4 Day 7 | Age Y. M. D. 2-21 | Native of | Occupation

~~Male~~ Female | White Colored | Married Single | Widow Widower | Divorced Number of children living

Husband of Wife

Father's Name | Mother's Name 82

Cause of Deeth: Primary Marasmus | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Dr. H. S. Jarrell,

Address Dawson, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Special Attention of Physicians is Respect...

HEALTH DEPART...

Permit No. A 4961 Office of

The Physician who attended any person in a last illn... *filled out* to the undertaker or other person superintendi... deceased, or sooner, if requested to do so, under penalty of la...

No Permit for Burial can be Obtained

CERTIFICATE OF DEATH.

Date of Death, 4-21-99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Charlotte Cole

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 71 *Years,* *Months,* *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 40 years

Place of Death, {Give Street and Number.} Bay View Asylum

Cause of Death, First (Primary) Chronic Interstitial Nephritis

Second (Immediate) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hos for Anatomical purposes

Date of Burial, April 22-1899

Lee Cohen *M. D.,*

Medical Attendant.

Undertaker, E. M. Stevenson

Place of Business, Health Office *Address* Bay View Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...s—Variety and Cause.
...osis—Seat. Cause and Mode of Death.
...arian Tumor—Mode of Death.
Paralysis—Variety and Cause.
Peritonitis—Cause.
Phlebitis—Cause.
Pyaemia—Cause. Nature of Injury, if any.
Premature Birth—Cause. Fœtal age.
Preternatural Birth—Manner of.
Syphilis—Variety. Chief Location and Mode of Death.
Tetanus—Nature of Injury, if any.
Ulcer—Nature. Chief Location and Mode of Death.
Wounds—Cause, Variety, Seat and Mode of Death.
Abscess—Cause, Location and Mode of Death.
Specify every Surgical Operation with fatal result.
Mention Intemperance whenever recognized as having produced or complicated the direct cause of Death.

Calculus—Mode of Death.
Dentition—Mode of Death.
Disease of Heart—Variety. Valves involved.
Dropsy—Variety and Cause.
Enteritis and Gastro-Enteritis—Cause, whether Diarrhœal or not.
Erysipelas—Seat and Cause.
Fractures—Cause and Mode of Death.
Gangrene—Seat and Cause.
Gastritis—Cause.
Hernia—Variety and Mode of Death.
Insanity—Variety and Mode of Death.
Jaundice—Cause and Mode of Death.
Mania, Acute—Cause and Mode of Death.
Miscarriage—Cause and Mode of Death.
Malignant Pustule—Location and Cause.
Malformation—Variety.

C. HAMPSON JONES, M. D.,
Commissioner of Health and Registrar.

REMARKS:

Health Department, City of

Permit No. A 4925 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certific *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after t death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1899

Full Name of Deceased, (Write legibly and spell correctly. If an infant not named, give names of parents.) William M Cole

Sex, Male or Female, (Cross out the word not required in this line.) male

Age, 47 *Years,* *Months,* *Days.*

Color, white

Married, Single, Widow or Widower, (Cross out the words not required in this line.) married

Occupation, —

Birth Place, (State or county, and how long in the United States if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, (Give Street and Number.) Laurawille Balto Co Md

Cause of Death, First (Primary), Rheumatism
Second (Immediate), Paralysis

Duration of Last Sickness, About 5 weeks

All the above imformation should be furnished by the Physician.

Place of Burial, Mt Olivet Cemetery

Date of Burial, April 17th/99

Undertaker, George Schilling

Place of Business, Ashland Square

Wm D. Corse

Wm Gardenville M. D.
Medical Attendant.

Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether marrie

...variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DENTITION—Mode of Death.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Cause of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

NECROSIS—Seat.—Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal Age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature, Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

GEORGE H. ROHÉ,

Commissioner of Health and Registrar.

REMARKS.

Name In Full Harry T. Copper

Certificate of Death

Died at Town Highlandtown County Balto. MARYLAND

Date 1899 Month 4 Day 26 Age Y. M. D. Native of Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Wife

Father's Name Mother's Name 22a

Cause of Death Primary Pulmonary complaint How long sick

Immediate Accident, Suicide, Homicide

Reported by Md. Journal 4-29

Address

File 1899

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full | Certificate of Death

Marie Ehling

Died at Town: Catonsville County: Baltimore MARYLAND

Date 1894 Month: April Day: 12th | Age Y. M. D.: 4 | Native of: Md | Occupation: —

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife —

Father's Name: William Ehling | Mother's Name: M. Hoon

Cause of Death: Primary: Cyanosis neonatorum | Immediate: 137

How long sick: 4 days

~~Accident, Suicide, Homicide~~

Reported by: Chas. G. Macgill, M.D.

Address: Catonsville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Christian Fisher

Certificate of Death

Died at Town Orangeville County Balto Md MARYLAND

Date 1899 Month 4 Day 29 Age Y. 8 M. 12 D. Native of Md Occupation —

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of~~ children living

Husband of —
Wife

Father's Name Geo Fisher Mother's Name Mary Fisher

Cause of Death Primary Cerebro Spinal Meningitis How long sick

Immediate Paralysis 39b ~~Accident, Suicide, Homicide~~

Reported by J C Schofield MD

Address Orangeville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Name in Full Elizabeth Lloyd Gilmor

Certificate of Death

Died at 8th Dist. Town County Baltimore MARYLAND

Date 189 9 Month 4 Day 9 Age Y. 80 M. D. Native of Occupation

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ of Wife Thos. S. Gilmor

Father's Name Tilghman Mother's Name 69

Cause of Death Primary Acute bronchitis How long sick

Immediate Accident, Suicide, Homicide

Reported by S. B. F. Bussey

Address Texas

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full

Certificate of Death

Gittings

Died at Town: Hollofield County: Baltimore MARYLAND

Date 1894 Month: April Day: 27 | Age Y. ~~M.~~ ~~D.~~: 10 hours | Native of: Md | Occupation: —

~~Male~~ ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ | Number of children living: —

Husband of —
Wife

Father's Name: John Gittings | Mother's Name: Mollie

Cause of Death — Primary: 1388

Immediate: Exhaustion

How long sick: —

~~Accident, Suicide, Homicide~~

Reported by: J. Tarsey Wallerstein M. D.

Address: Alberton, Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

No. A

...ial Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back ...

Health Department, City of Baltimore,

Permit No. A 4969 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25, 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Robert Glenn,

~~*Sex,*~~ *Male* ~~*or Female*~~, {Cross out the words not required in this line.}

Age, Twenty (20) *Years,* — *Months,* — *Days.*

Color, White,

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Shirt-cutter.

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, {Give Street and Number.} St. Agnes' Hospital.

Cause of Death, First (Primary), Pulmonary Tuberculosis.
Second (Immediate), Asthenia.

Duration of Last Sickness, Three (3) months.

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cy

Date of Burial, April 28

Undertaker, Jos. Jourdens Son D. F. O'Connor, M.D., Medical Attendant.

Place of Business, Camden Place *Address,* St. Agnes' Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

...ed in Re...ion to the Ca...

Enumerated Below.

...RISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Varicty and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Causc and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the dircct cause of Dcath.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full

Harold Gore

Certificate of Death

Died at Town Reisterstown County Balto MARYLAND

Date 1899 Month 4 Day 23 | Age Y. M. D. 7 | Native of Md | Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of Wife

Father's Name Harry H. Gore

Mother's Name Kate Gore

Cause of Death: Primary 138N

Immediate Jaundice

How long sick 7 days

~~Accident, Suicide, Homicide~~

Reported by H. M. Slade

Address Reisterstown

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

tention of Phys.

HEALTH DEPART

ermit No. A 4934 **Office of Registrar of Vital Statistics.** Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 4/12.99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Maria Green

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 75 *Years,* ..... *Months,* ..... *Days.*

Color, Colored

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Cook

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 73 years

Place of Death, {Give Street and Number.} Bay View Asylum.

Cause of Death, First (Primary) Senility

Second (Immediate) Exhaustion

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hosp for Anatomical purposes

Date of Burial, April 15. 1899

Lee Cohen *M. D.,*

Medical Attendant.

Undertaker, E. M. Stevenson

Place of Business, Hearse Office

Address B.V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

ANE[illegible] ...IS—Variety and Cause.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstanees produeing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Loeation and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Loeation and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Loeation and Mode of Death.

Speeify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever reeognized as having produced or eomplicated the direct eause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Herman Hasse. Certificate of Death

Died at Town Herring Run County Balto Md MARYLAND

Date 1899 Month 4 Day 5th Age Y. 53 M. D. Native of Germany Occupation Shomaker

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 7 —

Husband of Wife ——

Father's Name —— Mother's Name

Cause of Death Primary 142 i How long sick

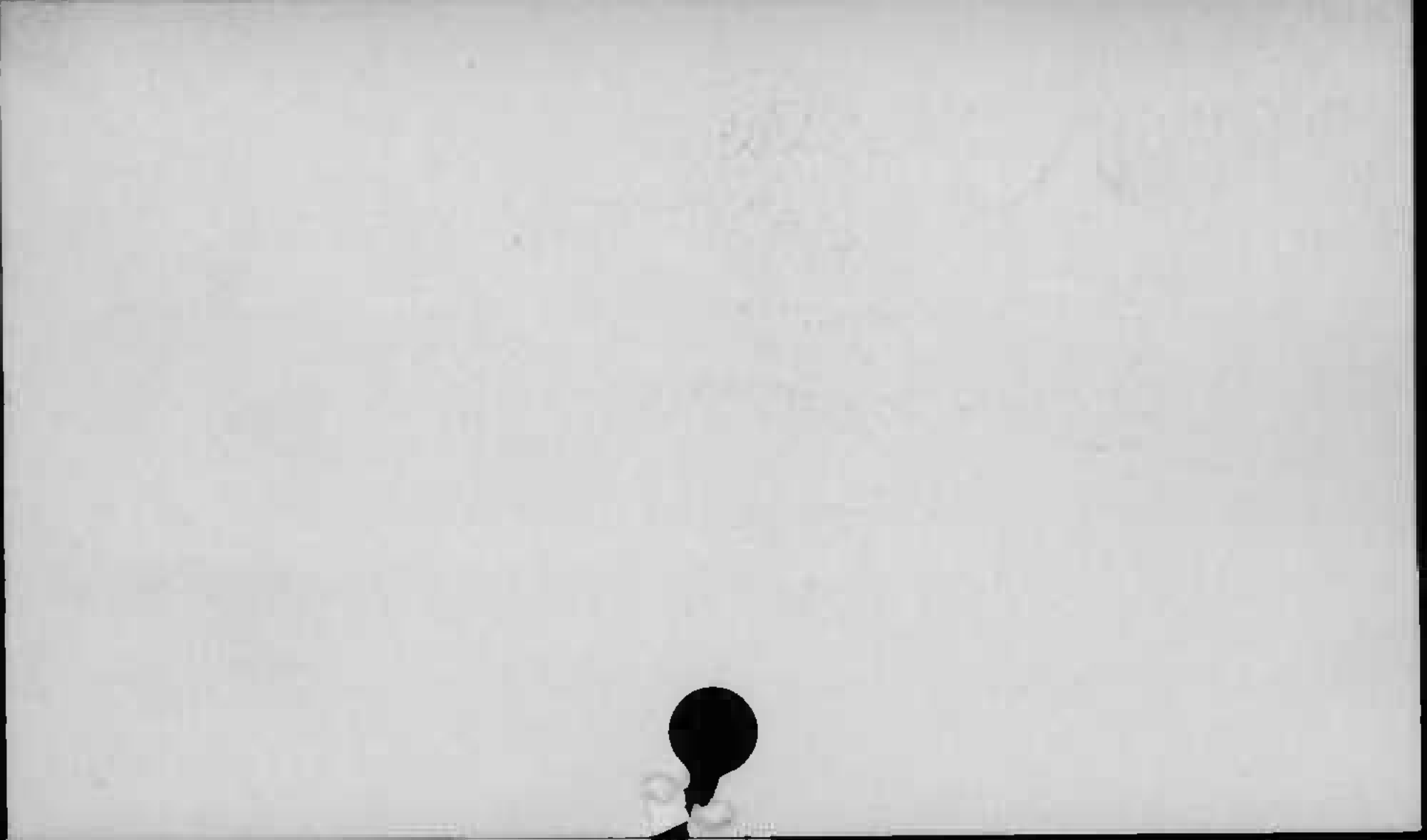
Immediate Suicide, ~~Accident~~, Suicide, ~~Homicide~~

Reported by J C Schofield

Address 432 Phila Road

Must be signed by physician, if any in attendance, otherwise by [illegible]oner, undertaker or minister.

LIBRARY BUREAU 78706



Name In Full Richard Hoffield

Certificate of Death

Died at Town Blue Ball County Balt. MARYLAND

Date 189 9 Apr Month Day 19 Aga Y. 48 M. D. Native of Germany Occupation Stone Cutter

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 8

Husband of Wife Mary Hoffield

Father's Name Not Known Mother's Name Not Known

Cause of Death Primary Pneumonia 72 How long sick 10 days

Immediate Accident, Suicide, Homicide

Reported by Geo. F. Corse Ms

Address Gardenville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79889

Name in Full Anne Hominy

Certificate of Death

Died at Town Mr. Hope Retreat County Baltimore MARYLAND

Date 189 9 Month 4 Day 25 Age Y. 84 M. D. Native of Bavaria Occupation

~~Male~~ White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name Mother's Name 46

Cause of Death Primary Senile Mania How long sick

Immediate Ex. from Hypostatic pneumonia Accident, Suicide, Homicide

Reported by Dr. Frank J. Flanner

Address Mr. Hope Retreat

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Mrs Katharine E. Howard

Died at Town: Warren County: Baltimore MARYLAND

Date 189 9 Month 4 Day 7 | Age Y. 26 M. D. | Native of Maryland | Occupation House-wife

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

~~Husband~~ Wife of James T. Howard

Father's Name William Ford | ~~Mother's~~ Name

Cause of Death: Primary La-Griffe 9 | How long sick One Year

Immediate Consumption | ~~Accident, Suicide, Homicide~~

Reported by Dr J. E. Benson

Address Cockeysville Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Jefferson Hutchins

Certificate of Death

Died at Town Granville County Baltimore MARYLAND

Date 189 Month 4 Day 13 | Age Y. M. D. | Native of | Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name 256

Cause of Death: Primary Hemorrhage caused by

Immediate the bursting of a cancerous growth upon his stomach

How long sick

Accident, Suicide, Homicide

Reported by

Address Wm. Lipton J.P., acting Coroner

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Name in Full — Certificate of Death

Alice O. Jessop.

Died at Town Reisterstown County Baltimore. MARYLAND

Date 1899. Month April Day 3rd Age Y. 49 M. D. years. Native of Maryland Occupation Drussmaker

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name James O. Jessop Mother's Name Laura G. Jessop.

Cause of Death Primary Cancer. How long sick 3 months

Immediate " 25 f ~~Accident, Suicide, Homicide~~

Reported by J. W. White M.D.

Address Glyndon, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65068

Name in Full | Certificate of Death

Chas Johnans

Died at Town: Middle River County: Balto MARYLAND

Date 1899 Month: Apr Day: 25 | Age Y. 67 M. — D. | Native of: Germany | Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 2

~~Husband~~ ~~Wife~~ of Fine Johnans

Father's Name — | Mother's Name —

Cause of Death: Primary Heart Failure 1556 | How long sick Fed hrs

Immediate | ~~Accident, Suicide~~, Homicide

Reported by John W Harrison M.D.

Address Middle River Balto Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

al Attention of Physicians is Respectfully ...

HEALTH DEPARTMENT, CITY O...

ermit No. **A** 4947 **Office of Registrar of Vital Statistics.**

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 19th 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Lizzie Jones Alias Maggie,

Sex, ~~*Male or*~~ *Female,* {Cross out the words not required in this line.}

Age, 35 *Years,* — *Months,* — *Days.*

Color, Black

~~*Married,*~~ *Single,* ~~*Widow or Widower,*~~ {Cross out the words not required in this line.}

Occupation, Laundress

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland

Duration of Residence in the City of Baltimore, 21 Years

Place of Death, {Give Street and Number.} Bay View Asylum (Insane Department)

Cause of Death, First (Primary) Pulmonary Tuberculosis

Second (Immediate) Exhaustion

Duration of Last Sickness, 3 months

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hospital for Anatomical Purposes

Date of Burial, April 20-1899

R. E. Garrett M. D.,
Medical Attendant.

Undertaker, E. M. Stevenson.

Place of Business, Health Office

Address Bay View Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...ation to the Causes of De...

...ated Below.

...ENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Mary L Jones

Certificate of Death

Died at Town Catonsville County Balto. MARYLAND

Date 1899 Month 4 Day 2 Age Y. 16 M. D. Native of Md Occupation —

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife —

Father's Name W. H. Jones

Mother's Name Alice Jones 22a

Cause of Death Primary Pulmonary Consumption How long sick 1 year

Immediate Accident, Suicide, Homicide

Reported by D M Stutty MD

Address Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full J Henry Kaiser

Certificate of Death

Died at Town Ella County Balto MARYLAND

Date 1899 Month April Day 5 Age Y. 28 M. D. Native of Md Occupation Laborer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name Michael

Mother's Name

Cause of Death Primary Grip and Diphtheria How long sick 8 days

Immediate 8a Accident, Suicide, Homicide

Reported by B. J. Byrne

Address Ellicott City Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

John Ruder Keech

Died at Town Towson County Balto MARYLAND

Date 1899 Month 4 Day 12 Age Y. 20 M. D. Native of Md Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single Widow X Widower Divorced X Number of children living

Husband of Wife X

Father's Name Wm. S. Keech Mother's Name Rose Keech

Cause of Death Primary Chronic Bright's Disease How long sick 4 years

Immediate Uraemia 97 ~~Accident, Suicide, Homicide~~

Reported by Dr A. C. Massenburg

Address Towson Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79805

No. A

...ial Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Ce...

Health Department, City of Baltimore,

Permit No. A 44964 Office of Registrar of Vital Statistics. Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 25, 1899.

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Charles Kelly.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.}

Age, Sixty four (64) Years, ... Months, ... Days.

Color, White.

~~*Married*~~, *Single*, ~~*Widow or Widower*~~, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} St. Agnes' Hospital.

Cause of Death, First (Primary), Diabetes Mellitus.

Second (Immediate), Coma

Duration of Last Sickness, Two (2) years.

All the above information should be furnished by the Physician.

Place of Burial, Cathedral.

Date of Burial, Apr 27/99

Undertaker F. A. Krause & Bro

Place of Business, 709 Hanover

D. F. O'Connor, M.D.,
Medical Attendant.

Address, St. Agnes' Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

...ation is Requested in Relation to the Causes of ...
Enumerated Below.

...NEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full Miss Mamie Kennedy

Certificate of Death

Died at Texas (Town) Balto. (County) MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
	4	26	17				

~~Male~~ Female | White Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | Divorced | Number of children living

Husband of
Wife

Father's Name John Kennedy

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Democrat 4-29

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7980B

Name in Full Andrew Kirmse

Certificate of Death

Died at Town Highlandtown County Balto MARYLAND

Date 1899 Month Abril Day 13d Age Y. 47 M. D. Native of Maryland Occupation Birch Layer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3.

Husband / Wife of Barbary Kirmes

Father's Name Henry Kirmes Mother's Name Barbary Kirmes

Cause of Death Primary Acute Phthisis How long sick 2 months

Immediate 22a ~~Accident, Suicide, Homicide~~

Reported by E W Janney M D

Address 3 Bx Banks Ex 10

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

No. 1231.

...l Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Dis...

Health Department, City of Baltimore,

Permit No. A 4951 Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 21, 1899.

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Michael Skriner.

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} .....

Age, Forty (40) *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, {Cross out the words not required in this line.} .....

Occupation, Butcher.

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland.

Duration of Residence in the City of Baltimore, Lifetime.

Place of Death, {Give Street and Number.} St. Agnes' Hospital.

Cause of Death, First (Primary), Acute Lobar Pneumonia.

Second (Immediate), Exhaustion.

Duration of Last Sickness, Five (5) days.

All the above Information should be furnished by the Physician.

Place of Burial, Bonnie Brae

Date of Burial, April 24, 1899

Undertaker, Henry Schaefer

Place of Business, 316 N. Fre...

D. F. O'Connor, M.D.,
Medical Attendant.

Address, St. Agnes' Hospital.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

...n is Requested in Relation to the Causes of ...
Enumerated Below.

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Lucien Lanier

Certificate of Death

Town

County Baltimore

Died at MARYLAND

Date 189 9 Month 4 Day 19 | Age Y. 38 M. D. | Native of N. Car. | Occupation

Male / Female

White / ~~Colored~~

~~Married~~ / Single

~~Widow~~ / ~~Widower~~

~~Divorced~~ / ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name 22a

Causa of Death — Primary: Pulmonary tuberculosis

Immediate: Exhaustion

How long sick

Accident, Suicide, Homicide

Reported by Chas. G. Hill.

Address Arlington Md

Must be signad by physician, if any in attendance, otherwisa by coroner, undertakar or minister.

LIBRARY BUREAU, 70626

Name in Full Rev. Wm. C. Larkin

Certificate of Death

Died at Town So-Agnes Hospital County Balto MARYLAND

Date 1899 Month 4 Day 28 Age Y. 65 M. D. Native of Ireland Occupation Clergyman

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single Widower ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 97

Cause of Death

Primary Chronic Interstitial Nephritis How long sick 1 yr.

Immediate Uraemic Coma Accident, Suicide, Homicide

Reported by S. F. O'Connor

Address St. Agnes' Hos.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

...al Attention of Physicians is Respectfully Invited to the ...

HEALTH DEPARTMENT, CITY OF B...

Permit No. A 4966 **Office of Registrar of Vital Statistics.** Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 4-2499

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Annie Lillie

Sex, Male or Female, (Cross out the words not required in this line.)

Age, 38 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, (Cross out the words not required in this line.)

Occupation, Domestic

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Pennsylvania

Duration of Residence in the City of Baltimore, 20 years

Place of Death, (Give Street and Number.) Bay View Asylum

Cause of Death, First (Primary) Phthisis Pulmonalis
Second (Immediate) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Schwartzer Cem

Date of Burial, April 26th

Lee Cohen M. D.,
Medical Attendant.

Undertaker, W. Diffel Son

Place of Business, 3302 Bardt

Address B.V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

. Relation to the Causes of De

...ated Below.

...

...PINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Hartwell Lincoln

Certificate of Death

Died at Town Sheppard & Enoch Pratt Hos. County Baltimore MARYLAND

Date 189 9 Month 4 Day 5 Age Y. 76 M. D. Native of Mass. Occupation Clerk

Mele White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name 141

Cause of Death Primary Senility

Immediate Exhaustion of Senility

How long sick

Accident, Suicide, Homicide

Reported by S. E. N. Brush

Address for Chas. M. Franklin M.D. S. & E. P. Hospital

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name in Full Louisa Lisch

Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 189 8 Month April Day 26 Age Y. 67 M. D. Native of Md Occupation None

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ Number of children living X

Husband of Wife —

Father's Name —

Mother's Name 46—

Cause of Death Primary Dementia How long sick 3 months

Immediate Pulmonary Tuberculosis Accident, Suicide, Homicide

Reported by Geo Wade

Address Md Hospital Catonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Grace Virginia McCullough — Certificate of Death

Died at Town Rayville — County Baltimore — MARYLAND

Date 1899 — Month April — Day 4 — Age Y. M. D. 6 — Native of Md — Occupation ——

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband ~~Wife~~ of

Father's Name Charles E. McCullough — Mother's Name Bertha Zouck

Cause of Death — Primary Jaundice Idiom Infantum — How long sick 3 days

Immediate Convulsions 1380 — ~~Accident, Suicide, Homicide~~

Reported by J. H. Baldwin

Address Ekla Balto. Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

I did not attend at birth.

LIBRARY BUREAU, 79706

Name In Full James Mathison

Certificate of Death

Died at Town Bay View Asylum County Baltimore MARYLAND

Date 189 9 Month 4 Day 3 Age Y. 72 M. D. Native of Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Mother's Name

97

Cause of Death

Primary Chronic Interstitial nephritis How long sick

Immediate Exhaustion Accident, Suicide, Homicide

Reported by Lee Cohen M.D.

Address Bay View Asylum

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name in Full James Eugene Mathews

Certificate of Death

Died at Town Catonsville County Balto MARYLAND

Date 189 9 Month April Day 5 | Age Y. 35 M. D. | Native of Delaware | Occupation Merchant

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

~~Husband~~ Wife of Annie Mathews. 46

Father's Name

Mother's Name Mrs Frank Mathews

Cause of Death: Primary General Paresis | How long sick 1 year

Immediate Cerebral Hemorrhage | Accident, Suicide, Homicide

Reported by Reg Wide

Address Md Hosp Pt Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full | Certificate of Death

Mrs Airetta Mears

Died at Town: Cockeysville County: Balto — MARYLAND

Date 1899 Month: April Day: 24 | Age Y. 35 M. 2 D. 16 | Native of: Maryland | Occupation: Cook

~~Male~~ ~~White~~ Married Grass Widow Divorced Yes

Female Colored ~~Single~~ ~~Widower~~ Number of children living 2

~~Husband~~ Wife of Charles Mears

Father's Name John Scott | Mother's Name Mary Eliza Scott

Cause of Death: Primary Abortion | How long sick

Immediate Septicaemia 119a | ~~Accident, Suicide, Homicide~~

Reported by Dr B. R. Benson

Address Cockeysville Balto Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attention of Physicians is Respectfully Invited to the Remarks Below

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Permit No. A 4933 **Office of Registrar of Vital Statistics.** Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 4-14-99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Anton Meyers

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 70 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Germany (US 18 yrs)

Duration of Residence in the City of Baltimore, 18 years

Place of Death, {Give Street and Number.} Bon View Asylum

Cause of Death, First (Primary) Ruptured urethra

Second (Immediate) ~~Uremia~~ Septic Absorption (Septicaemia)

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Johns Hopkins Hosp for Anatomical purposes

Date of Burial, April 15. 1899

Undertaker, E. M. Stevenson

Place of Business, Health Office

Lee Cohen M. D.,
Medical Attendant.

Address B V Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...ested in Relation to the Causes of ...enumerated Below.

...EURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITI...—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full — Certificate of Death

Henry Miller

Died at Town: Loreley. County: Baltimore MARYLAND

Date 1899. Month: April Day: 15.

Age Y. 70 M. D.

Native of Germany

Occupation Farmer

Male / ~~Female~~

White / ~~Colored~~

~~Married~~ / ~~Single~~ / Widow / Widower

~~Divorced~~

Number of children living 2.

Husband / ~~Wife~~ of Johanna Miller

Father's Name —

Mother's Name —

Cause of Death — Primary: 44 — How long sick: 6 Mos

Immediate: Paralysis — ~~Accident, Suicide, Homicide~~

OVER

Reported by Fredk Schultz. Undertaker

Address Upper Falls Balto Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Attended by Dr. Edes & Altvater

of Upper Falls Balto Co.

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name in Full Ida E. Milling

Certificate of Death

Died at Town Walters County Baltimore MARYLAND

Date 189 9 Month 4 Day 5 Aga Y. 39 M. 6 D. 7 Native of Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife of Jas. T. Milling

Father's Name Waters Mother's Name 97

Cause of Death Primary Bright's disease How long sick

Immediate Accident, Suicide, Homicide

Reported by S. John W. Harrison

Address Middle River

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full | Certificate of Death

Ida E. Milling

Died at Town: Middle River County: Balto Co MARYLAND

Date 1899 Month: Apr Day: 5 | Age Y. 39 M. 6 D. 7 | Native of: Md | Occupation: Housework

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife of Jas T. Milling

Father's Name | Mother's Name

Cause of Death: Primary Bright Disease .97 | How long sick: Ostillness about [illegible]

Immediate | Accident, Suicide, Homicide

Reported by John W Hanson M.D.

Address Middle River Balto Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Walter Nelson — Certificate of Death

Died at Highlandtown — County Baltimore — MARYLAND

Date 1899 — Month 4 — Day 27 — Age Y. 48 M. D. — Native of Scotland — Occupation Enameler

Male — White — Married — Widow — Divorced

Female — Colored — Single — Widower — Number of children living

Husband of Wife — Father's Name Cannot Ascertain — Mother's Name

Cause of Death — Primary Apoplexy 42. — Immediate

How long sick 20 hours

Reported by A. S. Harmer M.D.

Address 1120 Highland Avenue

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

al At... ...ians is Respectfully Invited ...

HEALTH DEPARTMENT, CITY ...

rmit No. A 4936 **Office of Registrar of Vital Statistics.** Ward .....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 18th 1899 – 2 40 am –

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Philip Nengel

Sex, Male ~~*or Female,*~~ (Cross out the words not required in this line.)

Age, 47 *Years,* — *Months,* — *Days.*

Color, White

~~*Married, Single, Widow or*~~ *Widower,* (Cross out the words not required in this line.)

Occupation, Fresco-painter

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Williamsburg New York

Duration of Residence in the City of Baltimore, Forty years –

Place of Death, (Give Street and Number.) 16th St - Highlandtown Balto-Co -

Cause of Death, First (Primary) Intestinal obstruction
Second (Immediate) Exhaustion

Duration of Last Sickness, 2 days

All the above information should be furnished by the Physician.

Place of Burial, Cedar Hill

Date of Burial, April 20. 99

A. C. Thomas M. D.,
Medical Attendant.

Undertaker, J Herwig & Son

Place of Business, Ives & Orleans

Address Bay View Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...n Relation to the Causes ...
...Below.

...ER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full | Certificate of Death

Andreas Nickol

Died at Town: Baltimore Co. County: 213 Foster Ave. MARYLAND

Date 1899 Month: April Day: 11th Age Y.: 14 M.: 6 D.: — Native of: Baltimore Occupation: none

Male / ~~Female~~ White / ~~Colored~~ ~~Married~~ / Single Widow / Widower ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of _____

Father's Name: George Nickol Mother's Name: Marie Nickol

Cause of Death: Primary: Phthisis Pulmonalis How long sick: 12 weeks

Immediate: Exhaustion ? ~~Accident, Suicide, Homicide~~

Reported by: F. W. Schnessler M.D.

Address: 1013 S Canton Gr

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full

Certificate of Death

J. Howard Palmer

Died at Town: Parkton County: Balto. Md. MARYLAND

Date 1899 Month: 4 Day: 29 | Age Y.: 33 M.: 3 D.: 4 | Native of: U.S. | Occupation: Laborer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Johnsey

Mother's Name Amand

Cause of Death: Primary General Tuberculosis. How long sick One year.

Immediate Phthisis Pulmonalis.

~~Accident, Suicide, Homicide~~

Reported by E. W. Leydecker M.D.

Address Parkton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

[illegible] of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this

HEALTH DEPARTMENT, CITY OF BALTIMORE.

Permit No. A 4491 **Office of Registrar of Vital Statistics.** Ward 1991

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 30 - 1899

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) John C. Patterson

Sex, Male or ~~Female~~, (Cross out the words not required in this line.)

Age, 83 *Years,* — *Months,* — *Days.*

Color, White

Married, ~~Single, Widow or Widower~~, (Cross out the words not required in this line.)

Occupation, Plasterer.

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Cecil Co. Maryland

Duration of Residence in the City of Baltimore, 60 years.

Place of Death, (Give Street and Number.) Bay View Asylum

Cause of Death, First (Primary) Senility
Second (Immediate) Exhaustion

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, ~~Balto. cem.~~ Aspin Md.

Date of Burial, May 2. 1899.

Undertaker, ~~[illegible]~~ Jno. H. Cook

Place of Business, ~~500 N. Bay~~ Balto. & Stricker St.

Lee Cohen M. D.,
Medical Attendant.

Address Bay View Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

ollowing Additional Information is Requested in Relation to the Causes of D Enumerated Below.

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Baby Petz

Died at Town Conton County Balto MARYLAND

Date 1899 Month April Day 4 | Age Y. M. D. 4 | Native of US | Occupation —

Male White Married Widow Divorced

Female Colored Singla Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary Convulsions 49 | Immediate Exhaustion

How long sick 2 weeks

Accident, Suicide, Homicide

Reported by C. N. Sthey, M.D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

[Form No. 1234.]

No. A

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore,

Permit No. A 4988 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, ~~Mar~~ April 30th 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Sarah E. Phipps

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 62 *Years,* *Months,* *Days.*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation,

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Baltimore Md -

Duration of Residence in the City of Baltimore,

Place of Death, {Give Street and Number.} Mount Hope Retreat

Cause of Death, First (Primary), Melancholia

Second (Immediate), Ex-Hypostatic Pneumonia

Duration of Last Sickness,

All the above Information should be furnished by the Physician.

Place of Burial, New Cathedral

Date of Burial, May 2nd 99

Undertaker, M Flaherty & Sons

Place of Business, 606 Lafayette Av

Frank J. Flannery M.D.,
Medical Attendant.

Address, Mt Hope Retreat

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

Section 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

The Following Additional Information is Requested in Relation to the Causes of Death Enumerated Below.

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name In Full

Certificate of Death

Miss. Elizabeth A. Piersol

Died at Town near Summitbrook County Balto MARYLAND

Date 189 9 Month 4 Day 11 Age Y. M. D. | Native of | Occupation

~~Male~~ Female | White Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name

Mother's Name

Cause of Death: Primary Pneumonia 7d | How long sick

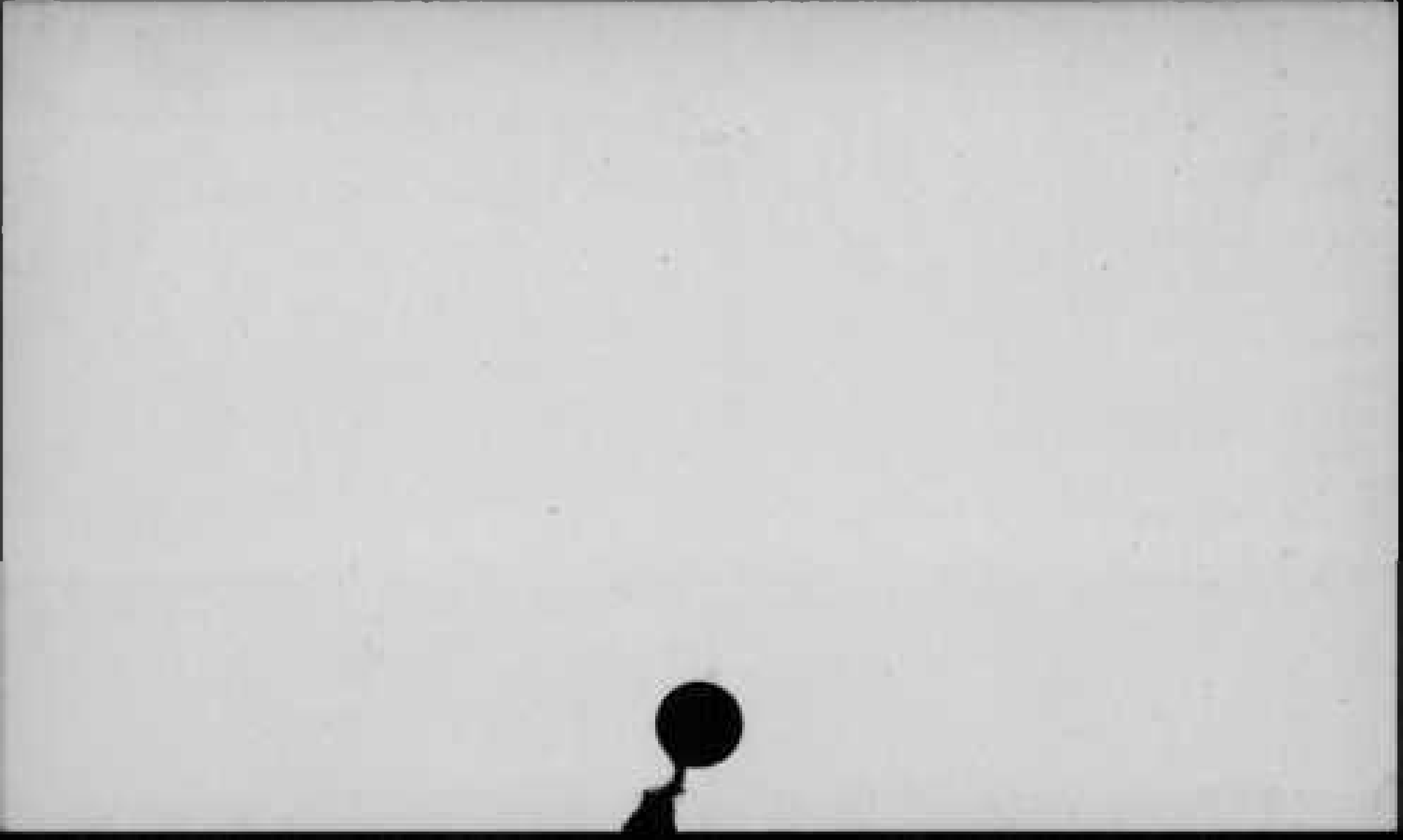
Immediate | Accident, Suicide, Homicide

Reported by Md. Journal 7-15

Address

Must be signed by physician, if any in attendance, otherwise by c[illegible]er, undertaker or minister.

LIBRARY BUREAU, 79808



Name in Full | Certificate of Death

Frank Pottiger

Died at Town: Spanns Point County: Balto MARYLAND

Date 1899 Month: April Day: 17 | Age Y. M. D.: - - 2 | Native of: Md | Occupation: —

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced / Number of children living

Husband / Wife of —

Father's Name — | Mother's Name 138X

Cause of Death: Primary: Premature Birth | How long sick: 2 days

Immediate: Inanition. | Accident, Suicide, Homicide

Reported by Frank C Eldred M.D.

Address Spanns Point Balto E.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name in Full | Certificate of Death

Elizabeth Preston

Died at Mt. Washington (Town) Balto. (County) MARYLAND

Date 1899 April 9 (Month Day) | Age Y. 61 M. D. | Native of Md. | Occupation Waker-Woman

~~Male~~ ~~White~~ ~~Married~~ Widow Divorced

Female Colored ~~Single~~ ~~Widower~~ Number of children living 1

Husband / Wife of John Preston

Father's Name James Prestgrove | Mother's Name Priscilla Prestgrove

Cause of Death: Primary Grip G | How long sick

Immediate Pneumonia | Accident, Suicide, Homicide

Reported by ~~Mt. Washington~~ Dr. J. S. Bowers

Address Mt. Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Capt. John C. Ran

Certificate of Death

Died at Highlandtown (Town) County Balto. MARYLAND

Date 1899 Month 4 Day 21 Age Y. 70 M. D. Native of Germany Occupation

Male White Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 4

Husband of Wife

Father's Name Mother's Name 57

Cause of Death Primary Heart trouble How long sick

Immediate Accident, Suicide, Homicide

Reported by Democrat 4-29

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

...ttention of Physicians Is Respectfully Invi...

HEALTH DEPARTMENT, CITY ...

...nt No. A 4938 **Office of Registrar of Vital Statis...** ...ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 4-17-99

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Benjamin Reddick

Sex, Male or Female, {Cross out the words not required in this line.}

Age, 57 *Years,* ..... *Months,* ..... *Days.*

Color, Black

Married, Single, Widow or Widower, {Cross out the words not required in this line.}

Occupation, Laborer

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Virginia

Duration of Residence in the City of Baltimore, 34 years

Place of Death, {Give Street and Number.} Boy's Home Asylum

Cause of Death, First (Primary) Chronic Diarrhoea

Second (Immediate) Exhaustion

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Mt Olivet

Date of Burial, April 19

Undertaker, John E Hough

Place of Business, 1422 Penn Ave

L E Cohen *M. D.,*
Medical Attendant.

Address B H Asylum

...et from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

...TION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the ...e Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to ...thin twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate ...h, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person ...l the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

...n Relation to the Causes of

...low.

ANE...

CER. SPIN... ...NGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full — Margaret B. Ritter — Certificate of Death

Died at — Town: Northington Glens Valley — County: Balto, — MARYLAND

Date 189 9 — Month: April — Day: 5 — Age — Y. 9 — M. 2 — D. — Native of Md — Occupation —

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband / Wife of —

Father's Name: Jacob I. Ritter — Mother's Name: Ida. V. Ritter

Cause of Death — Primary: Measles — How long sick: 5

Immediate: Pneumonia — Accident, Suicide, Homicide

Reported by: J Rowland Price MD

Address: Glyndon Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 64868

Name in Full Mary E. Ritter

Certificate of Death

Died at Town Northington's Valley County Balto. MARYLAND

Date 189 9 Month Aper. Day 20 Age Y. 3 M. D. Native of Md. Occupation

~~Male~~ Female White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband Wife of

Father's Name Jacob. S. Ritter Mother's Name Ida. V. Ritter

Cause of Death: Primary Measles How long sick 5

Immediate Pos Diptheria Accident, Suicide, Homicide

Reported by J Rowe Price M D

Address Glyndon Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65969

Name in Full Daniel Robinson

Certificate of Death

Died at Town Alm's House County Balto Co MARYLAND

Date 1899 Month 4 Day 10 | Age Y. 70 M. D. | Native of | Occupation

Male ~~White~~ Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of Wife

Father's Name

Mother's Name

Cause of Death { Primary / Immediate Paralysis

How long sick

Accident, Suicide, Homicide

Reported by T. C. Bussett

Address Texas Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

The Special Attention of Physicians is Respectfully Invited to the Re... ...list of Diseases on back of this Certificat...

Health Department, City of Baltimore.

Permit No. A 54723 Office of Registrar of Vital Statistics. Ward .....

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said person, or sooner, if requested so to do, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, Sept 1st 1899

Full Name of Deceased, {Write legibly and spell correctly. If an infant not named, give names of parents,} Infant of Annie & Frank Sauer

Sex, Male or ~~Female~~, {Cross out the word not required in this line.} .....

Age, ... *Years,* — *Months,* — *Days*

Color, White

Married, Single, Widow or Widower, {Cross out the words not required in this line.} .....

Occupation, ...

Birth Place, {State or county, and how long in the United States if of foreign birth.} Catonsville

Duration of Residence in the City of Baltimore, ...

Place of Death, {Give Street and Number.} Catonsville

Cause of Death, First (Primary), ...

Second (Immediate), Still born

Duration of Last Sickness, ...

All the above information should be furnished by the Physician.

Place of Burial, Bonnie Brae Cemetery

Date of Burial, Sept 2 / 99

Undertaker, Frank Sauer

Place of Business, Catonsville *Address,* Catonsville

Chas Magill
Medical Attendant

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Sta... in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the ... of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to fu... within twenty-four hours after death, to the Undertaker, or other persons superintending the Burial, a certificate setting ... as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, the cause and date of death.

[OVER.]

Wm. J. C. Dulany & Co., City Printers and Stationers.

The Following Additional ... quested in Relation to the Causes of Death Enumerated Below:

ANEURISM—Mode of Death.
ER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.
BIRTH—Circumstances producing Death.
—Variety and Seat.
—Mode of Death
HEART—Variety. Valves involved.
—Mode of Death.
Variety and Cause.
AND GASTRO ENTERITIS—Cause.
hether Diarrhœal or not.
PELAS—Seat and Cause.
ACTURES—Cause and Mode of Death.
GANGRENE—Seat and Cause.
GASTRITIS—Cause.
HERNIA—Variety and Cause of Death.
INSANITY—Variety and Mode of Death.
JAUNDICE—Cause and Mode of Death.
MANIA, ACUTE—Cause and Mode of Death.
MISCARRIAGE—Causc and Mode of Death.
MALIGNANT PUSTULE—Location and Causc.
MALFORMATION—Variety.
METRITIS—Variety and Cause.
NECROSIS—Seat. Cause and Mode of Death.
OVARIAN TUMOR—Mode of Death.
PARALYSIS—Variety and Cause
PERITONITIS—Cause.
PHLEBITIS—Cause.
PYÆMIA—Cause. Nature of Injury, if any.
PREMATURE BIRTH—Causc. Fœtal Age.
PRETERNATURAL BIRTH—Manner of.
SYPHILIS—Variety. Chief Location and Mode of Death.
TETANUS—Nature of Injury, if any.
ULCER—Nature, Chief Location and Mode of Death.
WOUNDS—Cause, Variety, Seat and Mode of Death.
ABSCESS—Cause, Location and Mode of Death.
Specify every Surgical Operation with fatal result.
Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

GEORGE H. ROHÉ,
Commissioner of Health and Registrar.

REMARKS.

Name in Full Geo Schaeffer

Certificate of Death

Died at Town Rosedale County Balto Co MARYLAND

Date 1899 Month 54 Day 9 Age Y. M. D. 12 Native of American Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~ 4

Husband of Wife

Father's Name John Schaeffer Mother's Name Levenia Schaeffer

Cause of Death Primary 49 How long sick 7 days

Immediate Convulsions Accident, Suicide, Homicide

Reported by Wm D Cope MD

Address Gardenville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

John Schmosky

Died at Town Walters County Balto

MARYLAND

Date 1899 Month Apr Day 13 | Age Y. 60 M. — D. | Native of Germany | Occupation Farmer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 3

~~Husband~~ Wife of Lina Schmosky

~~Father's~~ Name — Mother's Name —

Cause of Death: Primary Heat Failure 155b | How long sick 1 wk

Immediate | Accident, Suicide, Homicide

Reported by John W Hanson

Address Middle River Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79706

...ation of Physicians is respe...

HEALTH DEPARTMENT, C... ... BALTIMORE.

...t No. A 4932 **Office of Registrar of Vital Statistics.** Ward.....

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, April 13th 1899

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} Lizzie Schneider

Sex, ~~Male or~~ *Female,* {Cross out the words not required in this line.}

Age, 72 *Years,* ..... *Months,* ..... *Days.*

Color, White

~~*Married, Single,*~~ *Widow* ~~or Widower~~, {Cross out the words not required in this line.}

Occupation, Domestic

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Germany

Duration of Residence in the City of Baltimore, 9 Years

Place of Death, {Give Street and Number.} Bay View Asylum (Insane Department)

Cause of Death, First (Primary) Chronic Nephritis

Second (Immediate) Exhaustion

Duration of Last Sickness, 3 weeks —

All the above information should be furnished by the Physician.

Place of Burial, John Hopkins Hosp for Anatomical purposes

Date of Burial, April 15. 1899

R. C. Garrett M. D.,
Medical Attendant.

Undertaker, E. M. Stevenson

Place of Business, Health off.

Address Bay View Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full Bernard Scott. Certificate of Death

Bernard Scott

Died at Mt. Washington (Town) Balto (County) — MARYLAND

Date 1899 Month April Day 27 | Age Y. 7 M. D. | Native of | Occupation Laddy Boy

Male White ~~Married~~ Widow ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ Number of children living

~~Husband~~ ~~Wife~~ of Boy, Pat Scott 143

Father's Name Pat Scott Mother's Name Mrs Scott

Cause of Death: Primary fractured skull — How long sick

Immediate Hemorrage of Brain — Accident, ~~Suicide, Homicide~~

Reported by Dr. J. G. Bowen

Address Mt. Washington

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full

Certificate of Death

Marie Sebour

Died at Town Canton County Balto MARYLAND

Date 1899 Month April Day 10 | Age Y. M. D. 5 | Native of U.S. | Occupation

Male White Married Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name John Sebour

Mother's Name Caroline Sebour

Cause of Death: Primary Convulsion 49 | How long sick 10 days

Immediate Exhaustion | Accident, Suicide, Homicide

Reported by C. N. Athey MD

Address 2 Hudson st Ext

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 65968

Name In Full Theresa M. Senfeck

Certificate of Death

Died at Town Orangeville County Baltimore MARYLAND

Date 189 9 Month 4 Day 30 | Age Y. 26 M. 5 D. 4 | Native of Balto City | Occupation None

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name

Mother's Name 220

Cause of Death: Primary Tuberculosis (Pharynx & Pharynx) | How long sick 5 mos.

Immediate Inanition | Accident, Suicide, Homicide

Reported by Milton R. Walter M.D.

Address 1013 Madison Ave.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Name in Full J. T. Sessford

Certificate of Death

Died at Town Leatonsville County Balto MARYLAND

Date 189 9 Month April Day 20 | Age Y. 50 M. D. | Native of Md | Occupation Clerk

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living X

Husband of Wife —

Father's Name — | Mother's Name — 46

Cause of Death: Primary Melancholia | How long sick 1 month

Immediate Exhaustion | Accident, Suicide, Homicide

Reported by J Perg Wade

Address Md Hospital Leatonsville

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

ecial Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of .

Health Department, City of Baltimore,

Permit No. A 4928 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 14, 1899.

Full name of Deceased, {Write legibly with ink and spell correctly. If an infant not named give names of parents.} James Sloan,

Sex, Male ~~or Female~~, {Cross out the words not required in this line.} mal

Age, Eighty five (85) *Years,* — *Months,* — *Days.*

Color, White

~~Married~~, Single, ~~Widow or Widower~~, {Cross out the words not required in this line.} Single

Occupation, Laborer,

Birthplace, {State or County, and how long in the United States, if of foreign birth.} Maryland,

Duration of Residence in the City of Baltimore, Fifty-nine (59) years.

Place of Death, {Give Street and Number.} St. Agnes' Hospital

Cause of Death, First (Primary), Hepatic Cirrhosis

Second (Immediate), Asthenia

Duration of Last Sickness, One (1) year.

All the above information should be furnished by the Physician.

Place of Burial, St. Johns Cemetery

Date of Burial, April 17-99

Undertaker, Evans & Spence

Place of Business, 1000 E. Balto St

D. F. O'Connor M.D.,
Medical Attendant.

Address, St. Agnes' Hospital

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

Wm. J. C. Dulany Co., City Printers and Stationers.

[OVER.]

...ISM—Mode of Death.

...ER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

JAMES F. McSHANE, M.D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full — Certificate of Death

Robert Simon Smith.

Died at Town: Govans County: Baltimore MARYLAND

Date 189 9 Month 4 Day 14 Age Y. 47 M. - D. - Native of Georgia Occupation Huckster.

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 7

~~Husband~~ ~~Wife~~ of Martha Robinson 57

Father's Name Simon Smith Mother's Name

Cause of Death: Primary Asthma Right Heart Dilatation Nephritis Paralysis. How long sick 11 mos

Immediate Asthenia. ~~Accident, Suicide, Homicide~~

Reported by Purnell F. Sappington.

Address Station H. Baltimore Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79700

Name in Full Sophia Snitter

Certificate of Death

Died at Town Harrisonville County Balto. MARYLAND

Date 189 9 - Month 4 - Day 7 | Age Y. 19. M. — D. — | Native of Balto. | Occupation —

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Lewis Snitter

Mother's Name Amelia Snitter

Cause of Death: Primary Tuberculosis 22a | How long sick 1 yr.

Immediate, Hyoscyamine | Accident, Suicide, Homicide

Reported by Jno E Ballo Md

Address Harrisonville Balto. Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Jerry Edward Talbott — Certificate of Death

Town: Elko — County: Baltimore — MARYLAND

Died at Elko

Date 1899 — Month: April — Day: 13 — Age: Y. 80 M. 4 D. 3 — Native of: Maryland — Occupation: Laborer

Male ~~Female~~ — White ~~Colored~~ — ~~Married~~ ~~Single~~ Widower ~~Widow~~ ~~Divorced~~ — Number of children living: 5

~~Husband of Wife~~

Father's Name: Elisha Talbott — Mother's Name: Charlotte Burgess

Cause of Death — Primary: - Grip - — How long sick: 10 days

Immediate: Acute Bronchitis — 9

~~Accident, Suicide, Homicide~~

Reported by: Joseph S. Baldwin M.D.

Address: Elko, Beck[illegible]leo

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full Mary Tierney

Certificate of Death

Died at Town Mt. Hope County Baltimore MARYLAND

Date 189 9 Month 4 Day 15 Age Y. 80 M. (about) D. Native of Occupation None

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name Mother's Name 46

Cause of Death Primary Senile Mania How long sick

Immediate Pul. Congestion & syncope Accident, Suicide, Homicide

Reported by L. Frank J. Flannery

Address Mt. Hope

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70228

Name in Full Certificate of Death

Maria Tuoghey

Died at Town Canton County Balto MARYLAND

Date 1899 Month April Day 3 | Age Y. 57 M. D. | Native of Ireland | Occupation —

Male White Married Widow Divorced

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife

Father's Name Mother's Name 25a

Cause of Death { Primary Carcinoma Tongue | How long sick 18 mos

Immediate Exhaustion | Accident, Suicide, Homicide

Reported by C. N. Athey

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66268

Name In Full

Certificate of Death

Laurence M. E. Wagner

Died at Town: Pikesville County: Balto State of: MARYLAND

Date 1899 Month: 4 Day: 4

Age Y.: 1 M.: 1 D.: —

Native of: Balto. Co.

Occupation: ——

~~Male~~ / Female

White / ~~Colored~~

~~Married~~ / Single

~~Widow~~ / ~~Widower~~

~~Divorced~~

~~Number of children living~~

Husband ~~of~~ / Wife ——

Father's Name: Frank Wagner

Mother's Name: Mary Wagner

Cause of Death — Primary

Immediate: Pneumonia 72

How long sick

~~Accident, Suicide, Homicide~~

Reported by: C. St. Kraft Undertaker

Address: Pikesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70665

Attended by Dr. W. H. H. Campbell

of Owings Mills

Balto. Co. Md

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

This Permit Must ... Body

Now at ... Place of Birth ... Cause of Death ... Death

HEALTH ... NT, CITY OF ...

Permit No. A 4962 ... ar of Vital Statistics. Ward

The Physician who attended any person in a ... ible for the presentation of this Certificate, *accurately filled out* to the undertaker or other person superintending ... , within *twenty-four hours* after the death of said deceased, or sooner, if requested to do so, under penalty of law.

No Permit for Burial can be Obtained without a Proper Certificate.

CERTIFICATE OF DEATH.

Date of Death, 4/25-99

Full name of Deceased, (Write legibly with ink and spell correctly. If an infant not named give names of parents.) Elenora Waters

Sex, ~~Male~~ or Female, (Cross out the words not required in this line.)

Age, 14 *Years,* *Months,* *Days.*

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, (Cross out the words not required in this line.)

Occupation, None

Birthplace, (State or County, and how long in the United States, if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore, —

Place of Death, (Give Street and Number.) Bay View Asylum

Cause of Death, First (Primary) Miliary Tuberculosis

Second (Immediate) Exhaustion

Duration of Last Sickness, About 3 months

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, April 26-99

Undertaker, J. A. Bishop

Place of Business, 1015 Dolphin Av

Lee Cohen M. D.,
Medical Attendant.

Address B.V. Asylum

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker, or other persons superintending the burial, a certificate setting forth, as far as the same can be ascertained, the full name, sex, age, condition (whether married or single) of the person deceased, and the cause and date of death.

KOHN & POLLOCK, SHARP AND PRATT STS., BALTO.

(OVER)

... Relation to the Causes of Deat

...ated Below.

...

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DENTITION—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO-ENTERITIS—Cause, whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Mode of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause.

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYAEMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature. Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

C. HAMPSON JONES, M. D.,

Commissioner of Health and Registrar.

REMARKS:

Name in Full

Certificate of Death

Mary E White

Died at Town Catonsville County Baltimore MARYLAND

Date 189 9 Month April Day 23 | Age Y. 44 M. D. | Native of Maryland | Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 1

Husband of Wife H H Wood 100 Willow St New York

Father's Name Wilson Mother's Name Wilson

Cause of Death Primary Pleuropneumonia 71 How long sick 5 days

Immediate Regression Heart failure ~~Accident, Suicide,~~ Homicide

Reported by [illegible]

Address Catonsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Mary Wolf

Certificate of Death

Died at Town Canton County Balto 137 MARYLAND

Date 1899 Month Day April 28 Age Y. M. D. 10 hours Native of Occupation

~~Male~~ White ~~Married~~ Widow Divorced

Female ~~Colored~~ Single Widower Number of children living

Husband of Wife

Father's Name Geo. Wolf Mother's Name Annie Wolf

Cause of Death Primary Congenital Defective Heart How long sick

Immediate Accident, Suicide, Homicide

Reported by C. N. Athey. M.D. 137

Address 2 Hudson st Sxx

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

The ... ...tention of Physicians is Respectfully Invit... ...eases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 4957 Office of Registrar of Vital Statistics. Ward

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, April 23th 1899

Full Name of Deceased, (Write legibly and spell correctly. If an infant not named, give names of parents,) Mary W. Wood

Sex, ~~*Male or*~~ *Female,* (Cross out the word not required in this line.)

Age, 44 *Years,* *Months,* *Days.*

Color, White

Married, ~~*Single, Widow or Widower,*~~ (Cross out the words not required in this line.)

Occupation, Housewife

Birth Place, (State or county, and how long in the United States if of foreign birth.) Baltimore

Duration of Residence in the City of Baltimore,

Place of Death, (Give Street and Number.) Catonsville (Paradise)

Cause of Death, First (Primary), Pleuropneumonia

Second (Immediate), Progressive Heart failure

Duration of Last Sickness, Five days

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park

Date of Burial, April 25th 1899

Undertaker, H. W. Jenkins & Sons

Place of Business, Park & Saratoga Sts

Chas. G. Macgill M. D.
Medical Attendant.

Address, Catonsville

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. *And be it further enacted and ordained,* That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after death, to the Undertaker, or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Wm. J. C. Dulany & Co., City Printers and Stationers.

The Following Add... ...l Relation to the Causes of D...

En... ... Below:

ANEURISM—Mode of Death.

CER. SPINAL MENINGITIS—Variety, whether Epidemic or simply Inflammatory.

CHILDBIRTH—Circumstances producing Death.

CANCER—Variety and Seat.

CALCULUS—Mode of Death.

DISEASE OF HEART—Variety. Valves involved.

DENTITION—Mode of Death.

DROPSY—Variety and Cause.

ENTERITIS AND GASTRO ENTERITIS—Cause. Whether Diarrhœal or not.

ERYSIPELAS—Seat and Cause.

FRACTURES—Cause and Mode of Death.

GANGRENE—Seat and Cause.

GASTRITIS—Cause.

HERNIA—Variety and Cause of Death.

INSANITY—Variety and Mode of Death.

JAUNDICE—Cause and Mode of Death.

MANIA, ACUTE—Cause and Mode of Death.

MISCARRIAGE—Cause and Mode of Death.

MALIGNANT PUSTULE—Location and Cause.

MALFORMATION—Variety.

METRITIS—Variety and Cause.

NECROSIS—Seat. Cause and Mode of Death.

OVARIAN TUMOR—Mode of Death.

PARALYSIS—Variety and Cause

PERITONITIS—Cause.

PHLEBITIS—Cause.

PYÆMIA—Cause. Nature of Injury, if any.

PREMATURE BIRTH—Cause. Fœtal Age.

PRETERNATURAL BIRTH—Manner of.

SYPHILIS—Variety. Chief Location and Mode of Death.

TETANUS—Nature of Injury, if any.

ULCER—Nature, Chief Location and Mode of Death.

WOUNDS—Cause, Variety, Seat and Mode of Death.

ABSCESS—Cause, Location and Mode of Death.

Specify every Surgical Operation with fatal result.

Mention INTEMPERANCE whenever recognized as having produced or complicated the direct cause of Death.

GEORGE H. ROHÉ,

Commissioner of Health and Registrar.

REMARKS.

Name in Full

Certificate of Death

James D. Woodruff

Died at Town Spanish Point County Balto. MARYLAND

Date 1899 Month April Day 21 Age Y. 31 M. 1 D. 25 Native of N.Y. Occupation Draughtsman

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 3

Husband ~~Wife~~ of Ida Wiscott

Father's Name Jerome Woodruff Mother's Name Myra B. Wheat.

Cause of Death Primary Cartic Regurgitation 57 How long sick 19 days

Immediate Intermittent Fever ~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by Frank C Eldred M. D.

Address Spanish Point. Balto Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name In Full Gertrude V. ~~Viola~~ Wright

Certificate of Death

Died at Town Upper Falls County Balto Co. MARYLAND

Date 1899. Month Apl Day 9. Age Y. ~~4~~ 3 M. 4 ~~D.~~ 3 Native of Maryland Occupation

~~Male~~ Female White ~~Colored~~ Married ~~Single~~ Widow X ~~Widower~~ ~~Divorced~~ Number of children living 1

~~Husband~~ Wife of ~~Louis V. Wright~~ Lewis K. Wright

Father's Name ~~Lewis K. Wright~~ Jos. Adams Mother's Name Susan

Cause of Death: Primary Congestion of the Immediate Brain 42

How long sick 3 Days.

~~Accident, Suicide, Homicide~~

Reported by Fredk Schutz Undertaker

Address Upper Falls Balto Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. Edwd. Aetwater

of Upper Falls, Balto. Co.

Seen by Coroner,_____

of_____

Information contained in this certificate received from_____

_____

Name in Full | Certificate of Death

Mess. Me. E. Wright

Died at Town: Bush Hill | County: Balto | MARYLAND

Date 1899. Month: April Day: 14 | Age Y. 54 M. D. | Native of Balto Co | Occupation House wife

~~Male~~ White ~~Married~~ Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 13

Husband / Wife of Robert. Wright

Father's Name Luke Pearson | Mother's Name E. P. Pearson

Cause of Death: Primary Diabetis 28 | How long sick 3 years

Immediate Cellulitis Blood Poison | Accident, Suicide, Homicide

Reported by Dr J. S. Bowen

Address Mt. Washington

Must be signed by physician, if any in attendance, otherwise by [illegible]er, undertaker or minister.

LIBRARY BUREAU. 79706

Name in Full Annie Yancke

Certificate of Death

Died at Town Leatonsville County Butte MARYLAND

Date 189 9 Month April Day 29 Age Y. 40 M. D. Native of Md Occupation Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living None

Husband ~~Wife~~ of Ennis Yancke

Father's Name X Mother's Name X, 46

Cause of Death Primary Melancholia How long sick 2 weeks

Immediate Exhaustion Accident, Suicide, Homicide

Reported by J Pug Wade

Address Md Hospital Leatonsville,

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Laura May Young

Died at Town: Hereford County: Baltimore MARYLAND

Date 189 9 Month: 4 Day: 26 | Age Y. 23 M. 8 D. 7 | Native of Maryland | Occupation Housewife

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living 2

Husband / Wife of Valentine Young

Father's Name Absolom Baker | Mother's Name Frances Baker

Cause of Death: Primary Albuminuria 100 | How long sick 6 or 8 mos.

Immediate Asthenia | Accident, Suicide, Homicide

Reported by A. R. Mitchell M. D.

Address Hereford Balto. Co. Md.

Must be signed by physician, if any in attendance, otherwi[illegible]roner, undertaker or minister.

LIBRARY BUREAU 79708

Name In Full

Certificate of Death

Town — County —

Died at MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Date 189		Age				

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ — Widow / Widower — Divorced — Number of children living

Husband of
Wife

Father's Name

Mother's Name 46

Cause of Death — Primary

How long sick

Immediate

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by [redacted]oner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]